

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Facility's Name: Emma-Rose Adult Residential Care Home	CHAPTER 100.1
Address: 94-379 Haaa Street, Waipahu, Hawaii 96797	Inspection Date: August 31, 2018

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) WORKING DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Driver - No physical examination.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>A copy of Physical Examination obtained signed by Primary Physician dated 09/06/18. It was placed in the caregiver's Binder.</p>	09/10/18

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<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (a) All individuals who either reside or provide care or services to residents in the Type I ARCH, shall have documented evidence that they have been examined by a physician prior to their first contact with the residents of the Type I ARCH, and thereafter shall be examined by a physician annually, to certify that they are free of infectious diseases.</p> <p><u>FINDINGS</u> Driver - No physical examination.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Primary Caregiver must ensure that all required documents of all involve people in the care of my residents @ Emmatose ARCH must be always check and up to date and place them in the binder</p> <p>I will use a clearance log to keep track of the PE. I will check the log monthly 3 mos before expiration I will inform CG or Driver that they need to make appt. and give me the PE for the file.</p>	<p>3/20/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver - No screening for symptoms consistent with pulmonary tuberculosis (TB).</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Screening for symptoms consistent with pulmonary tuberculosis for Primary care giver was obtained from Physician after Xray was done. Enclosed is a copy for your records.</p>	<p>3/19/19</p> <p>19 10020 P103</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Primary care giver - No screening for symptoms consistent with pulmonary tuberculosis (TB).</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>Primary caregiver must ensure that all the required documents must be check at all times and obtained by physicians as soon as possible. Copies were placed in the binder.</p> <p>I will use the clearance log to keep track of the TB screen. I will staple the TB screen form to the PE so the physical exam can ^{be done} be done ^{for} both at the same time.</p>	<p>3/20/19</p> <p>19 MAR 20 P. 53</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Driver - No screening for symptoms consistent with pulmonary TB.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Screening for symptoms consistent with Pulmonary Tuberculosis for Driver was obtained from Physicians after chest xray was done. Enclosed is a copy for your records.</p>	<p>3/20/19</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-9 <u>Personnel, staffing and family requirements.</u> (b) All individuals who either reside or provide care or services to residents in the Type I ARCH shall have documented evidence of an initial and annual tuberculosis clearance.</p> <p><u>FINDINGS</u> Driver - No screening for symptoms consistent with pulmonary TB.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p>The Primary caregiver must ensure that all of the required documents must be check at all times and obtained fr. Physician as soon as possible. Copies were placed in the binder.</p> <p>I will use the clearance log to keep track of the TB screen. I will staple the TB screen form to the PE so the physical exam can be done both at the same time.</p>	<p>3/20/19</p>

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> No pliable pillow protectors for the following:</p> <p>Bedroom #1 - For both beds, one (1) of two (2) pillows did not have pliable plastic pillow protectors.</p> <p>Bedroom #2 - For one (1) of two (2) beds, two (2) pillows did not have pliable plastic pillow protectors.</p> <p>Bedroom #3 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p>Bedroom #1 - The PCG purchased a new 2 plastic pillow protectors and placed them one each for both beds.</p> <p>Bedroom #2 - The PCG purchased a new 2 plastic pillow protectors and placed them in one bed.</p> <p>Bedroom #3 - The PCG purchased a new 1 plastic pillow protector and placed them in bed.</p>	<p>3/20/19</p>

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<input checked="" type="checkbox"/>	<p>§11-100.1-23 <u>Physical environment.</u> (o)(3)(B) Bedrooms:</p> <p>Bedroom furnishings:</p> <p>Each bed shall be supplied with a comfortable mattress cover, a pillow, pliable plastic pillow protector, pillow case, and an upper and lower sheet. A sheet blanket may be substituted for the top sheet when requested by the resident;</p> <p><u>FINDINGS</u> No pliable pillow protectors for the following:</p> <p>Bedroom #1 - For both beds, one (1) of two (2) pillows did not have pliable plastic pillow protectors.</p> <p>Bedroom #2 - For one (1) of two (2) beds, two (2) pillows did not have pliable plastic pillow protectors.</p> <p>Bedroom #3 - One (1) of two (2) pillows did not have a pliable plastic pillow protector.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><i>the primary caregiver must ensure that all of those required items such as pillow protector for residents must be check and replaced them as needed as soon as possible</i></p> <p><i>I will buy pliable pillow protectors and check to make sure it has a plastic lining. I will instruct my substitute caregivers to check that the pillow cover has a plastic lining when they change linen.</i></p>	<p><i>3/20/19</i></p>

Licensee's/Administrator's Signature: Belma Unay

Print Name: BELMA UNAY

Date: September 10, 2018

Licensee's/Administrator's Signature: Belma Unay

Print Name: BELMA UNAY

Date: March 20, 2019